

PRINTED: 09/13/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  09/10/2012
NAME OF PROVIDER OR SUPPLIER  BRISTOL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the plumbing free from leaks. The findings include: Observation and interview with the Maintenance Director, on September 10, 2012 at 9:45 a.m. confirmed the basement had a hot water circulating pump leak and the medical records room had a plumbing leak in the back corner which damaged the medical records room ceiling, compromising its fire rating. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 10, 2012.	N 831	N 831  No residents were affected.  The hot water pump leak and the plumbing leak in the medical records room was repaired by maintenance.  Observations for plumbing leaks will be added to the monthly maintenance rounds.  The observation rounds will be discussed in the Quality Assurance Committee meeting on a monthly basis for 6 months.  The Quality Assurance Committee (Administrator, Director of Nursing, and Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Manager, Social Services Director, Maintenance Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.		Completed 10/22/12
N 832	1200-8-6-.08 (2) Building Standards  (2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection	N 832			

Division of Health Care Facilities

*Christopher A. Gaddy*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Administrator**9/24/12*

STATE FORM

6899

ACG721

If continuation sheet 1 of 3

PRINTED: 09/13/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B WING _____	(X3) DATE SURVEY COMPLETED  09/10/2012
NAME OF PROVIDER OR SUPPLIER  BRISTOL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	Continued From page 1  Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide operating controls and piping protection under 50% of resident bathroom sinks in accordance with the American with Disabilities Act (ADA). The findings include: Observation and interview with the Maintenance Director throughout the facility, on September 10, 2012 between 2:00 pm and 4:30 pm confirmed the resident bathroom sinks were not provided with operating controls and piping protection. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on	N 832	N 832  All residents had the potential to be affected.  Faucets and piping protection are being installed by maintenance and will be completed by 10/22/12.  Observations of sinks will be made monthly for 3 months to ensure faucet and piping protection is in place and functioning correctly.  The observations will be discussed in the Quality Assurance Committee meeting by the Maintenance Director for 3 months.  The Quality Assurance Committee (Administrator, Director of Nursing, and Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Manager, Social Services Director, Maintenance Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.	Completed 10/22/12

From:

09/24/2012 15:45

#560 P.041/041

PRINTED: 09/13/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  09/10/2012
NAME OF PROVIDER OR SUPPLIER  BRISTOL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 832	Continued From page 2 September 10, 2012.	N 832			